



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: February 24, 2012

HSS 12 006

EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT TRAINING
AND TECHNICAL ASSISTANCE

FOR

DIVISION OF PUBLIC HEALTH

Date Due: March 20, 2012
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE
MENTIONED BID.

Responses to questions received prior to the due date of February 14,
2012.

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RFP HSS 12009 EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT TRAINING AND TECHNICAL ASSISTANCE

Questions and Answers

February 14, 2012

1. The project goals (page 8) suggest an ultimate goal of conducting trainings to ensure effective HV services to reach HV benchmarks of reduced child injury, abuse and neglect; reduced domestic violence rates; improved maternal and childhood health and development; and increased school readiness. Tasks do not seem to specifically address measurement of these goals. Does the scope of the current effort include an assessment of the impact of the training and networking opportunities provided to Home Visitors, Health Ambassadors and HMG stakeholders in terms of the outcomes identified on page 8?

Answer: The goals listed on page 8 are associated with the grant funding source to establish an evidence based home visiting program and in order to bring the program to scale and meet the Benchmarks, the state must build professional development and provide training support to strengthen the early childhood system. Training must address the core competencies and professional development of home visitors, Health Ambassadors and Help Me Grow stakeholders. As shown below “b” addresses an evaluation of the trainings. Working in collaboration with DPH staff, it is expected and encouraged that the vendor develop an assessment tool for each training session developed and delivered to the home visitors, health ambassadors, and Help Me Grow 211/United Way call specialists to measure knowledge, skills and satisfaction.

(See Page 8 of the RFP) - Factors considered in the development of this work are:

- a. The Healthy Families America (HFA) Standards around training*
 - b. Written evaluations of trainings provided*
 - c. Training requests received by home visiting staff*
 - d. New and existing resources available: training modules, available technology and experience in distance training*
 - e. Budgetary limitations*
2. Scope of Services (Page 8) indicates that the bidder must submit a 3-year timeline and plan for the effort, while the Length of Contract terms (page 14) indicate the contract term is two years with the possibility of renewal for up to three additional years. Will you clarify?

Answer: Prospective Bidders must submit a 3-year timeline, work plan and budget for the Early Childhood Training and TA RFP. Yes, the contract term is two years, with the option to renew annually up to three additional years.

3. Under Scope of Services, the RFP addresses recruiting, hiring and retaining appropriate staff (page 8). Our assumption is that “retaining” staff encompasses consultants who will be hired as trainers for this effort as well as paid employees/staff. Is this correct?

Answer: Yes, the RFP takes into consideration consultants hired as trainers.

4. For out of state vendors, are any restrictions or limitations put forth on costs associated with out-of-state travel to DE?

Answer: The state allows for in state and out of state travel costs, but we will consider the cost effectiveness to deliver the scope of services, during the review of proposals submitted.

5. What is the anticipated level of effort in terms of either labor hours or total contract value?

Answer: It is the expectation that the vendor submits a cost effective proposal that establishes a work plan, further defines the scope of services, a schedule to deliver a series of training sessions that include topics suggested on page 10, and propose labor hours, personnel, and a budget (i.e. hourly rate).

6. Would the provider of the training sessions be required to hold separate training sessions for each of the three target audiences (home visitors, health ambassadors and HMG staff)? It appears that at least some topics might be helpful to all three groups and that the opportunity for cross-training would be beneficial.

Answer: Yes, depending on the training curriculum developed and topics, the provider is encouraged to deliver sessions across disciplines for the purpose of building the early childhood professional development core competencies, cross-training, sharing knowledge and best practices, and resources.

7. When will the surveys that are referenced within the RFP be completed by DPH? Having some sense of when the information will be available would be helpful in creating the requested timelines.

On page 12 of the RFP, it states *“Develop an action plan to identify and address what needs to be improved in the Help Me Grow framework based on the results of the HMG survey, conducted by the Division of Public Health. The survey will target communities to assess whether at-risk individuals are familiar with HMG and/or its stakeholders and partners and if these at-risk individuals have used these services.”* The grant proposal work plan anticipates the following timeline, which may need to be modified:

A.3. Conduct survey in targeted communities to assess whether at-risk individuals are familiar with HMG and/or its partners and if these at-risk individuals have used these services.	Develop, implement and evaluate findings of the Help Me Grow partner survey.	04/2012 (Time 1 Survey)	Evaluation Vendor (APS Healthcare)
A.4. Present findings from HMG survey to HMG partners.		08/2012 (Time 2 Survey)	

On page 14 of the RFP, it states "Recruit health ambassadors assigned to the Healthy Families America Home visitation program to discuss the results of the home visiting family survey, conducted by the Division of Public Health, and identify training and professional development topics and issues that are aligned with the needs of the specific targeted communities that they serve. The survey will be distributed to home visiting families and will provide a cursory look at which specific home visiting families and communities are experiencing issues relevant to access to care, education, and employment with their current home visiting program. This will help to connect families facing challenges in accessing care and services to health ambassadors." The grant proposal work plan anticipates the following timeline, which may need to be modified:

B.1. Conduct survey to home visiting families on whether issues pertaining to access to care, education, and employment are met by their current home visiting program.	Develop, implement and evaluate findings of the home visiting program participants.	10/2012	Evaluation Vendor (APS Healthcare)
B.2. Present findings from needs survey to the two DMIEC-HV steering committees.			

8. What do you anticipate the interface will be between the Help Me Grow (HMG) Advisory Committee and the organization that is responsible for the peer networking and training events?

Answer: Members of the HMG Advisory Committee will have the opportunity to serve on workgroups, which DPH will assemble in the Spring 2012 in order to move the HMG action plan and activities forward that were largely developed during the HMG Summit on February 10, 2012. Members serving on the Family and Community Engagement workgroup (TBD) will be expected to collaborate, as needed, to ensure that we are reaching out to the target communities. DPH anticipates that the Early Childhood Comprehensive Systems Administrator (Paulina Gyan) will serve a key role as a liaison to help facilitate discussion, communication and collaboration.

9. When the RFP makes reference to training the health ambassadors on access to care and employment issues specific to the targeted high risk communities do you envision sharing information on available community resources and/or engaging community resource people or would the trainer need to develop expertise on these topics?

Answer: We anticipate that the training vendor will assemble essential resources, information, and key individuals to design training and core competencies for health ambassadors to support this model. In the spirit of collaboration, we encourage the vendor to bring a wealth of expertise and use a team approach to designing the training curriculum that supports this model and discipline.

10. I am a full-time education professional with experience in public policy and developmental disabilities advocacy. I see that several of the RFP's request contractor availability for nights and weekends. If I am looking to continue working my full-time day job, which of the 4 RFP's would be most appropriate to pursue if I was looking to work nights and weekends?

It is the expectation that there is one lead organization that is responsible for managing the contract, recruiting and retaining staff (full-time or part-time), provides supervision, and carries out the requirements of the scope of services.